

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011562  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1516

FILED MAR 21 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb. <u>50 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <u>Robert Irving Courtney</u>		d. STREET ADDRESS <u>2751 Charlotte Street</u>	
HOSPITAL OR INSTITUTION <u>2751 Charlotte Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>IRVING</u> Last <u>COURTNEY</u>			4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1888</u>	9. AGE (last birthday) <u>73-74</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lamp Company</u>		11. BIRTHPLACE (City and state or country) <u>Colorado Springs, Colo.</u>	
13a. FATHER'S NAME <u>J. N. Courtney</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Twiss</u>		13c. NAME OF HUSBAND OR WIFE <u>Germa Courtney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes <input type="checkbox"/> or unknown <input type="checkbox"/> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Germa Courtney</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thyroidal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>5 years</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatic Carcinoma</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Kansas City</u>		20f. COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>1960</u> to <u>Feb</u> and last saw him alive on <u>Feb 1, 1963</u> Death occurred at <u>7:40 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>D. Dunleavy, MD</u>		22b. ADDRESS <u>314 Wirthman Bldg. KC 9 MO</u>		22c. DATE SIGNED <u>3-6-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 7, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kansas City</u>		23e. STATE <u>Missouri</u>		23f. DATE RECD. BY LOCAL REG. <u>3-7-63</u>	
24. FUNERAL DIRECTOR <u>A. H. Newcomer's Sons</u>		25. ADDRESS <u>Kansas City, Mo.</u>		26. REGISTER'S SIGNATURE <u>R. L. Long</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
B & 9	Aug. 4, 1888	74 yrs.

BY AFFIDAVIT OF Funeral Director

D. Dunleavy MEDICAL CERTIFICATION

DOCUMENT Birth Record.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dean W. Huff*

Licensed Embalmer No.

*4914*

P. O. Address

*Indip., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

